



Transforming Health Benefits for First Nations in BC





Opening Prayer & Acknowledgements



Presenter Disclosure

The following presenters have no current or past relationships with commercial entities and have not received a speaker's fee for this learning activity:

- Cindy Preston, BSc (Pharm), RPh, Pharmacist, FNHA
- Connie Chong, Manager of Provider Relations, FNHA
- Riva Pickering, RPhT, Pharmacy Services Analyst, PBC
- Carlos Sorensen, Manager, Claims Services, PBC
- Laura Dale, Manager, Claims Policy and Standards, PBC
- Wendy Watkins, Senior Manager of Operational Solutions, PBC



We Want to Hear From You

Submit questions to during the webinar through the chat function to be chosen for answering during the Q&A period

The screenshot shows a webinar interface. On the left is a chat window with a header 'CHAT' and a 'Send Private To Presenters' checkbox. Below the chat input area, a red arrow points to the text 'Type your question(s) here'. At the top of the chat window, a red circle with a diagonal line through it is placed over a speech bubble icon, with a red arrow pointing to it and the text 'Do not use'. The main area of the interface displays a presentation slide titled 'Transforming Health Benefits for First Nations in BC'. The slide features a collage of six images: a group of people in traditional Indigenous regalia, a woman speaking at a podium, a man holding a baby, a pharmacist assisting a customer, a woman holding a child, and a group of people in regalia performing a dance. The slide also includes the 'PACIFIC BLUE CROSS' logo and the 'First Nations Health Authority' logo with the tagline 'Health through wellness'.



Learning Objectives

1. Be aware that on September 16, 2019, FNHA is completing the transition from the Federal Non-Insured Health Benefits program, for medical supply and equipment benefits, and select drug benefits that will be administered by Pacific Blue Cross.
2. Recognize the client pathways and understand how to navigate the process to help First Nations patients obtain the benefits they require.
3. Understand FNHA's Benefit Plan changes and new claiming procedures to prepare for the transition
4. Be familiar with the resources available to support pharmacists to address or resolve any coverage or claims issues, and learn more about how cultural safety and humility in practice impacts healthcare.

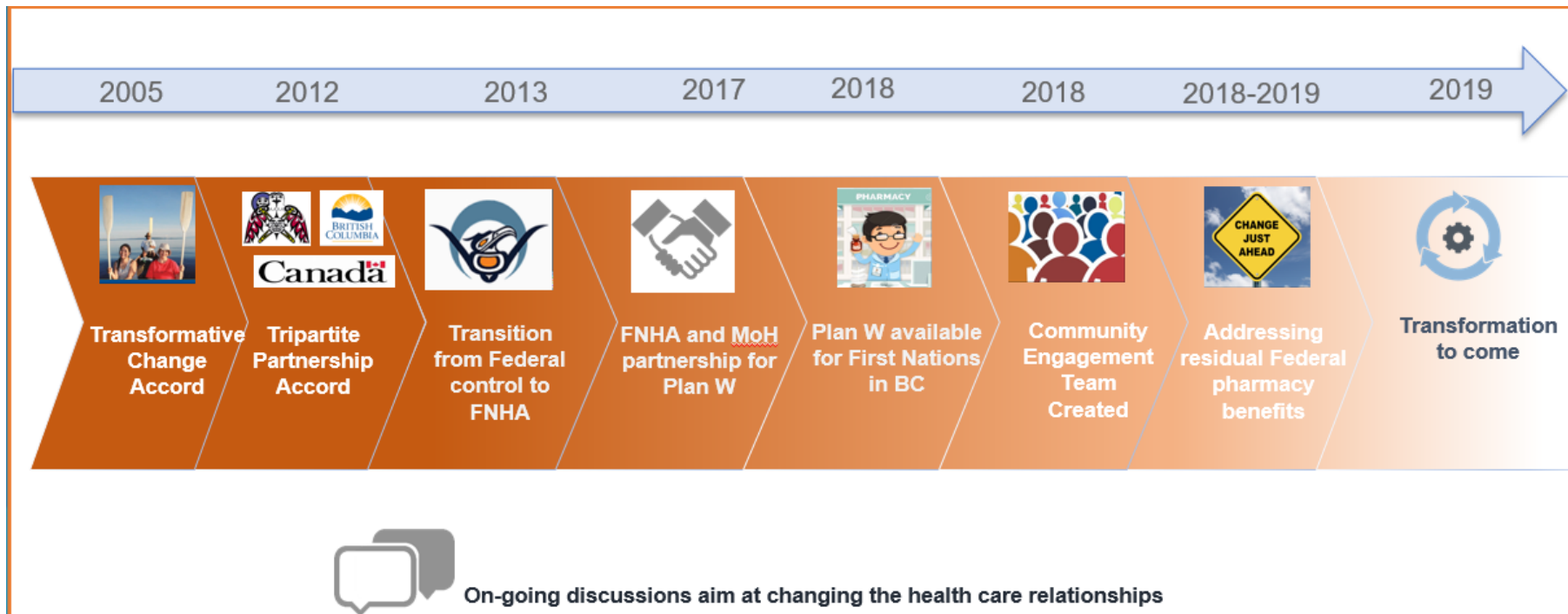


Outline

- FNHA benefits transformation journey
- Overview of the transition to PBC
- Client eligibility and possible client pathways
- Enrolling clients in Plan W
- New MS&E plan
- New supplementary drug benefits
- Processing claims
- Resources



Introducing the First Nations Health Authority




Cultural Safety and Humility

Cultural Safety

- Cultural safety is an outcome based on respectful engagement that recognizes & strives to address power imbalances inherent in the healthcare system. It results in an environment free of racism & discrimination, where people feel safe when receiving health care.

Cultural Humility

- Cultural humility is a process of self-reflection to understand personal & systemic biases & to develop & maintain respectful processes & relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience.



DECLARATION of COMMITMENT

Cultural Safety and Humility in Health Services for First Nations and Aboriginal People in BC

Our Declaration of Commitment is an important signal of our shared intention to embed cultural safety and humility throughout health services, health benefits, and health systems in British Columbia. This reflects the significant priority we as leaders place on cultural safety and humility as essential features and attributes of health care design and delivery. It also reflects a personal desire to serve as champions of cultural safety and humility and create a permissive environment for others to become champions for positive change.

This Declaration of Commitment is based on the following understandings of cultural safety and humility:

- Cultural humility builds relationships founded in mutual trust and respect, and enables cultural safety.
- Cultural safety is defined by each individual's health service experience.
- Cultural safety and humility must be understood, embraced and practiced at all levels of the health system including governance, organizational, and within individual practice.

We, Pacific Blue Cross (PBC) and the First Nations Health Authority (FNHA), understand that strong leadership and concrete actions at multiple levels is how we will visibly demonstrate our intention to embed cultural safety and humility as a means to deliver improved access and quality of services and health benefits to First Nations individuals, families, and communities in British Columbia. We will work to:

CREATE A CLIMATE FOR CHANGE

- Articulate the pressing need for cultural safety within health services in BC.
- Openly and honestly address concerns and lead by example.
- Form a coalition of influential leaders and role models who are committed to the priority of embedding cultural safety and humility in BC health services, benefits, and systems.
- Communicate the vision for a culturally safe health system through cultural humility.

KNOWLEDGE IS POWER

- Communicate the vision of culturally safe health systems for First Nations and Aboriginal people in BC and the absolute need for commitment and understanding on behalf of all stakeholders, partners and clients.
- Open an honest and continuing dialogue with our circles of influence to drive their change in research.
- Identify and remove barriers to progress.
- Holdy embrace accountability.

IMPLEMENT & SUSTAIN CHANGE

- Lead and enable sustainable waves of action until cultural safety and humility are essential elements of the system.
- Embed cultural safety and humility training with orientation and learning and development.
- Identify system levers to "embed" cultural safety and humility into policy, practice and quality.

DEVELOP AND IMPLEMENT CULTURAL SAFETY AND HUMILITY STRATEGIES, AND MONITOR, AND TRACK AND EVALUATE PROGRESS FOR CONTINUOUS LEARNING

As a visible and transparent demonstration of our intentions, the parties put forward a shared understanding of a robust and continuing learning agenda related to cultural safety and humility. This will include the following activities and targets that establish a solid foundation for the new operational partnership commencing between the parties on September 16, 2019 with respect to the delivery of health benefits services.

INITIAL UNDERSTANDING

As a visible and transparent demonstration of our intentions, the parties put forward a shared understanding of a robust and continuing learning agenda related to cultural safety and humility. This will include the following activities and targets that establish a solid foundation for the new operational partnership commencing between the parties on September 16, 2019 with respect to the delivery of health benefits services.

Key Indigenous Cultural Safety (ICS) Training

- PBC and FNHA understand that all of the Parties and Call Centre staff, Group Services staff who will be working with FNHA clients, CLPS, SITS, Lincos Leadership, and all of the Senior Leadership and Executive Leadership teams will complete the Services Core ICS Health course.
- PBC and FNHA understand that all new employees into Claims, Call Centre, Key roles in Group Services, Senior Leadership and Executive Leadership roles will be required to complete the Services Core ICS Health course.
- PBC and FNHA understand that immediate targets include:
 - All staff that are working directly with FNHA and/or First Nations clients will have completed the Services Core ICS Health course by September 16, 2019.
 - Staff in key areas working directly with First Nations clients will be trained within one year of September 16, 2019.

Learning

- FNHA and PBC understand that they will develop key learning or webinars that will be required for all PBC staff members.
- Embed the concept of cultural safety and humility within the diversity and inclusion module required for all employees at PBC.
- Create an independent e-learning or webinar module to provide an initial orientation to Indigenous history in BC, the impacts of colonization, and the FNHA-PBC partnership.
- PBC and FNHA understand that PBC will capture and measure healthcare provider training status.
- PBC and FNHA understand that immediate targets include:
 - 80% of staff who are not interacting directly with FNHA and/or First Nations clients will be trained by the end of 2019.

Board Relations & Learning

- PBC and FNHA understand that all of the PBC board members will attend a meeting on cultural safety and humility, co-hosted by FNHA and PBC.
- FNHA and PBC organizations will endeavor to have each other's CEOs present to each other's governing board meetings.

PBC and FNHA agree to sign this Declaration of Commitment publicly to bear witness to the importance of Cultural Safety and Humility. This Declaration is not intended to create legally binding contractual obligations but rather it is intended to guide the parties and set out our mutual understanding of Cultural Safety and Humility through our collaboration.

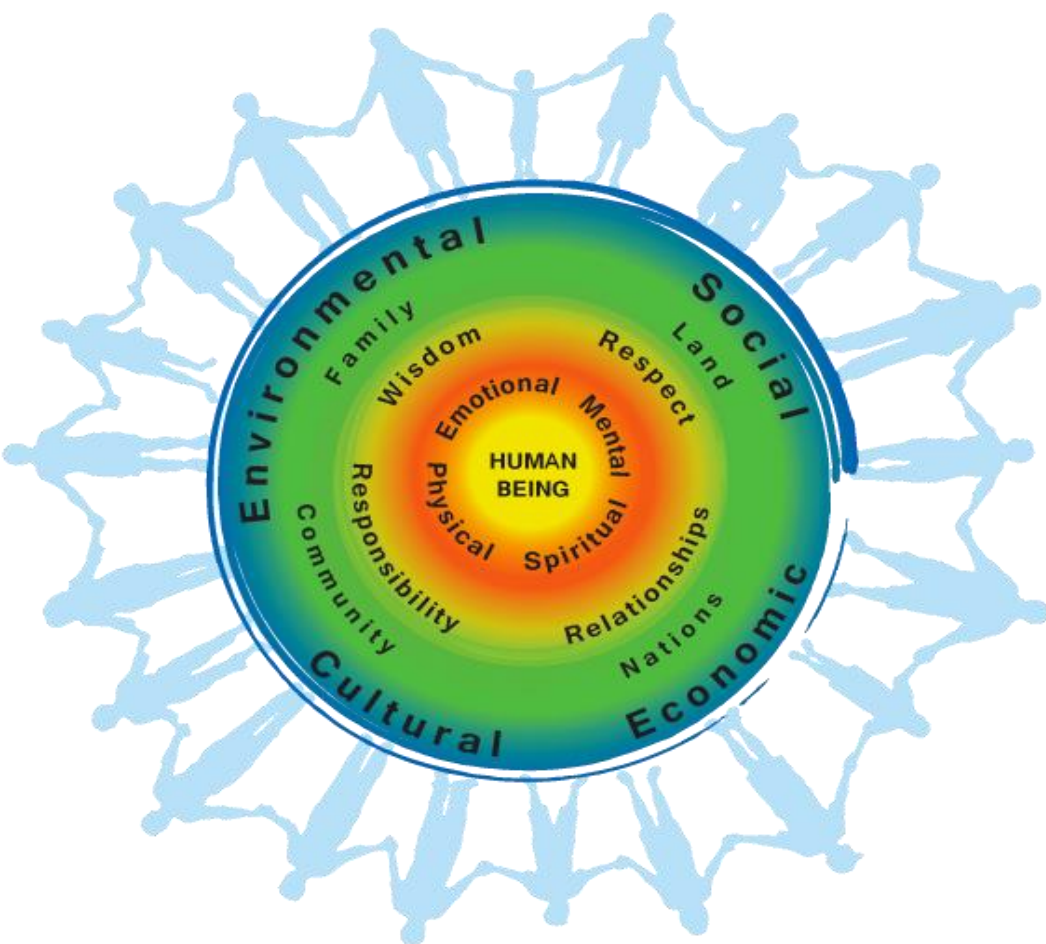
SIGNED THIS 16 DAY OF APRIL, 2019 ON THE TRADITIONAL TERRITORIES OF THE: Skwamish (Squamish), Salish (Tahltan) and a'me'el'n'egem (Musqueam) Nations

Mr. Joe Gallagher, Chief Executive Officer
First Nations Health Authority

Mr. John Crawford, Chief Executive Officer
PBC Health Benefits Society



Why is there a First Nations Health Authority?



Ministry of Health/
Ministry of Mental
Health & Addictions
Health Canada/
Indigenous Services
Canada



Provincial Health
Services Authority



Regional Health
Authorities





Health Benefits Transformation Journey

On September 16, 2019, Pacific Blue Cross will become the new third-party administrator of the following benefits:

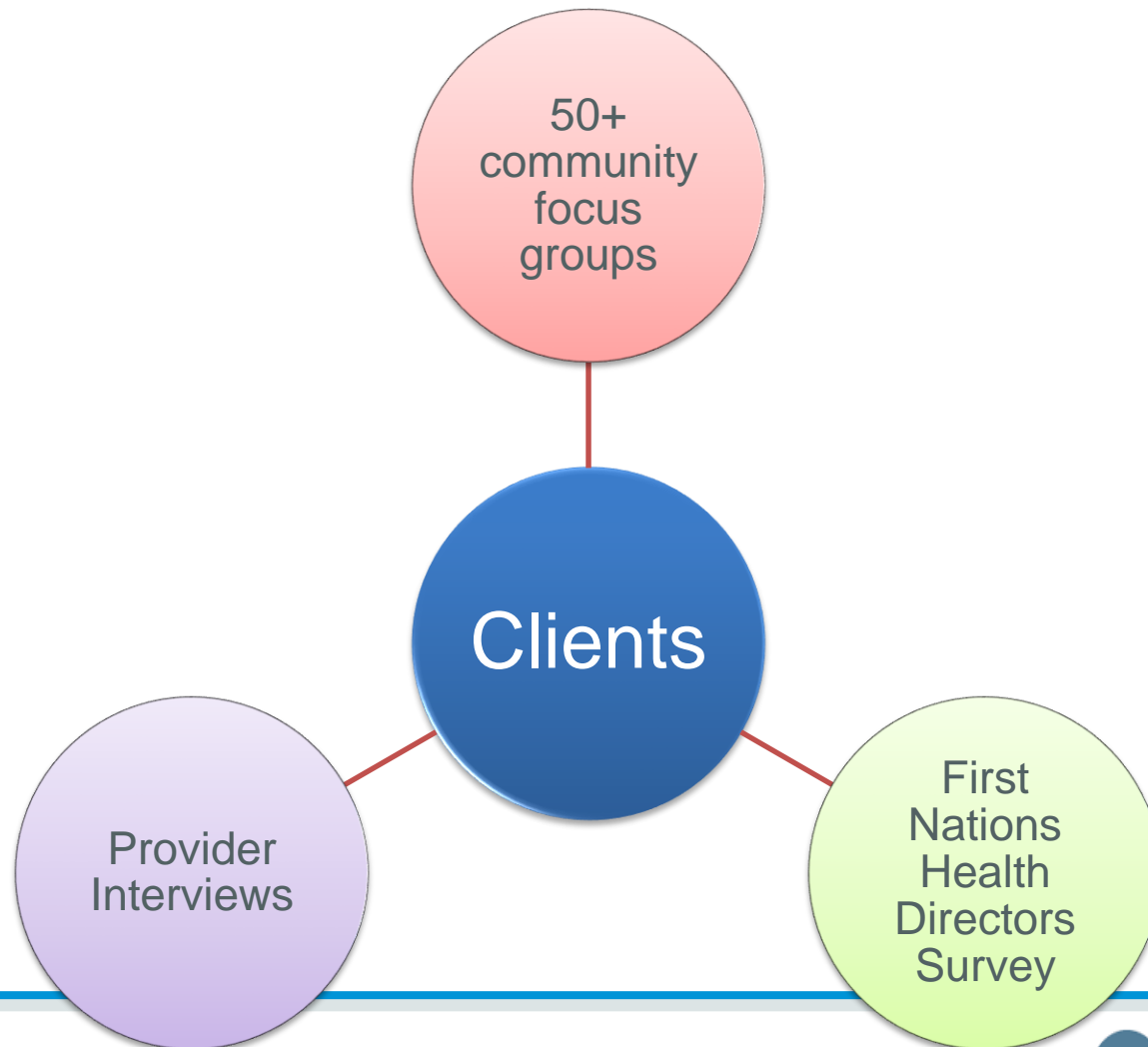
- Dental
- Vision
- Medical supplies and equipment
- Drugs
 - FNHA's supplementary drug benefits for all FNHA clients
 - Drug benefits for clients not yet enrolled in Plan W



FNHA and Pacific Blue Cross Partnership - Signing Ceremony



Engagement Process





Client & Provider Feedback

“Problems with NIHB being difficult has resulted in pharmacies being used to saying ‘no’.”
– Vancouver Island Region Focus Group

“Getting approvals is difficult for certain medical supplies (e.g. wound care is of most concern).”
- Provider Interview

“I wasn’t offered the more expensive cream at first. Am I not good enough to get the good stuff?”
– Northern Region Focus Group

“Pharmacists should not be expected to use third-party software. Having pseudo-DINS recognized would be essential.”
- Provider Interview



“The system in place makes it difficult for our people to receive care. The more doors that close on you, the more you are likely to not seek care.”

Fort Nelson Focus Group
March 15, 2019



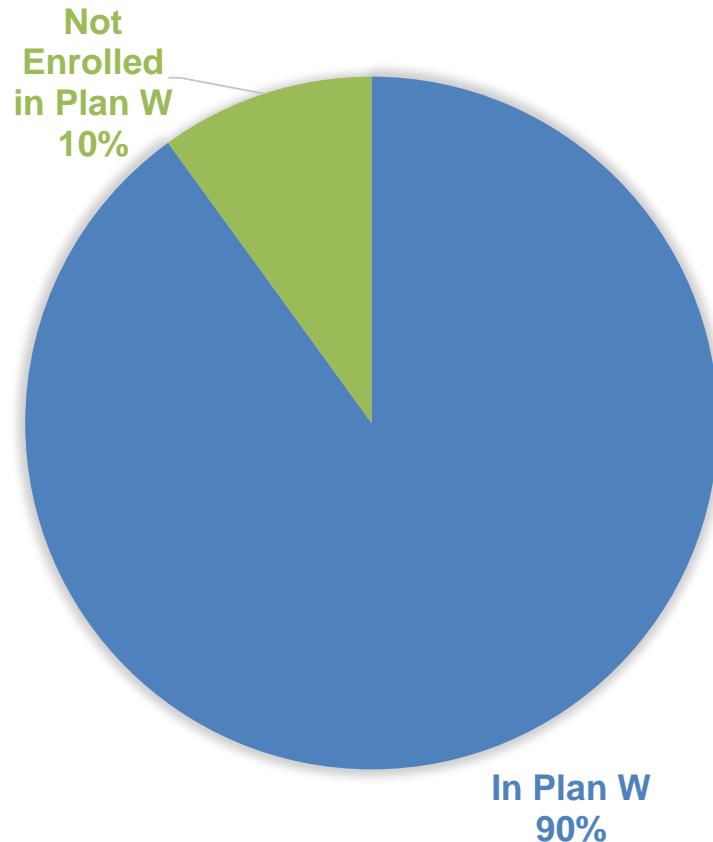
Client Eligibility

■ Criteria:

1. Have “Status” or infant (up to 18 months old) of an eligible parent; and
 2. Be a resident of BC according to MSP; and
 3. Not be funded/insured under any other benefit system/plan (eg: federal or self-government agreement)
- The following First Nations individuals are **not eligible** for benefits through the program:
- Not resident in BC
 - Incarcerated
 - In a provincially/territorially funded institution



Client Pathways to Access Benefits From Pharmacies



- Most FNHA clients are enrolled in Plan W
- 10% FNHA clients are not yet enrolled in Plan W:
 - 5000 of these clients have claims through NIHB
 - Remaining clients either have coverage through private insurance or have not accessed any benefits
 - Ongoing work to ensure all FNHA clients are enrolled in Plan W



Pharmacists Supporting Plan W Enrollment Requests

1. Encourage FNHA clients not yet enrolled in Plan W to contact FNHA at 1-855-550-5454 to request Plan W coverage, OR
2. Support enrolling FNHA clients into Plan W by:
 - Submitting a **Transitional Coverage Request Form** and **FNHA MSP application** to FNHA
 - Ensure the FNHA MSP application has the client's signature and contact information
 - Receive a \$10 support fee from FNHA to support Plan W enrollment requests

Fax Cover Sheet
Transitional Payment Request Form
Effective September 16, 2019 to March 31, 2020

BRITISH COLUMBIA Health Insurance BC

MEDICAL SERVICES PLAN (MSP) ENROLMENT APPLICATION
This application is for registered Status Indians who are assisted by First Nations Health Authority and must be authorized by the First Nations Health Authority Benefits BC Region Office.

APPLICANT INFORMATION

RESIDENCE AND CITIZENSHIP / IMMIGRATION INFORMATION

DECLARATION AND SIGNATURE

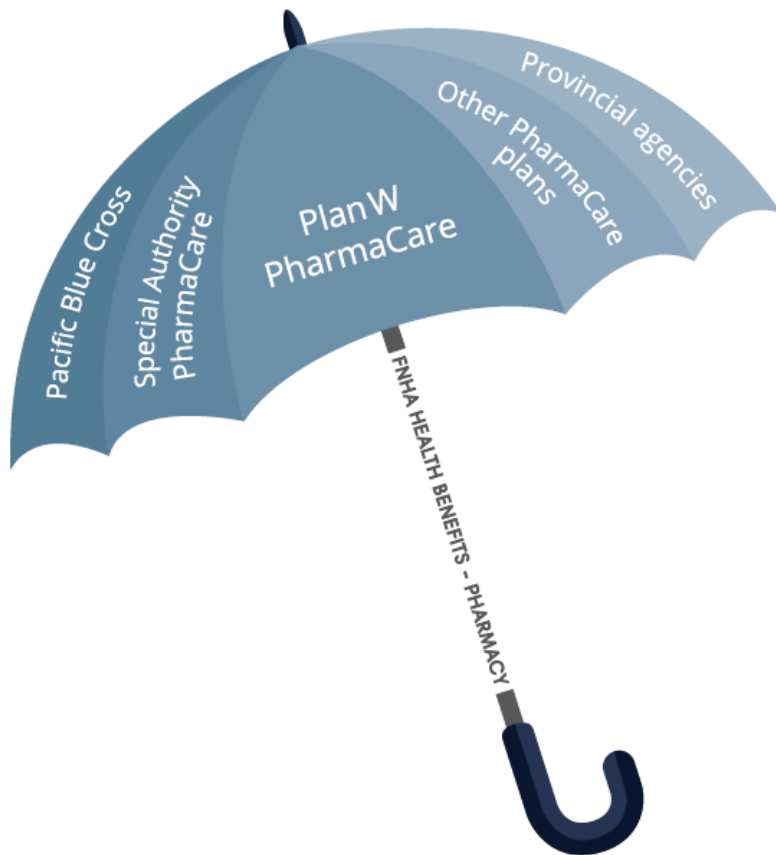
COPIES OF CURRENT CITIZENSHIP/IMMIGRATION DOCUMENTS MUST BE ATTACHED TO THIS FORM.



First Nations Health Authority
Health through wellness

NEW BENEFITS PLAN

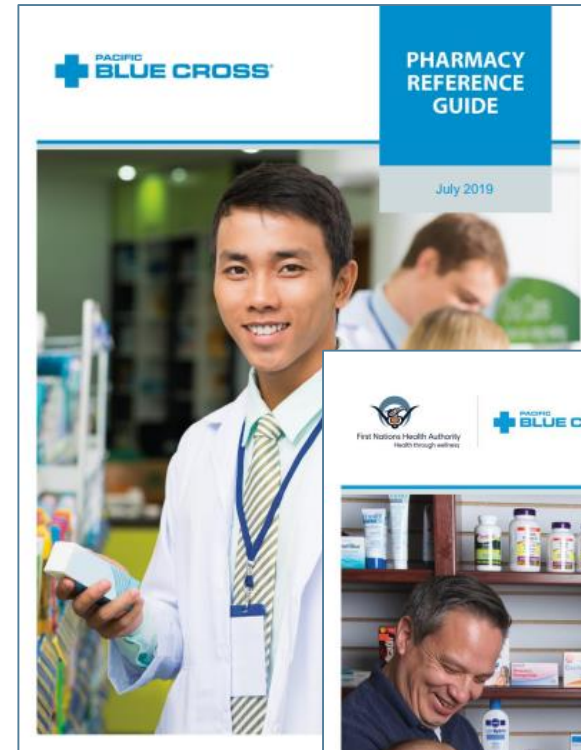
We've got you covered





FNHA's New Plan in PBC

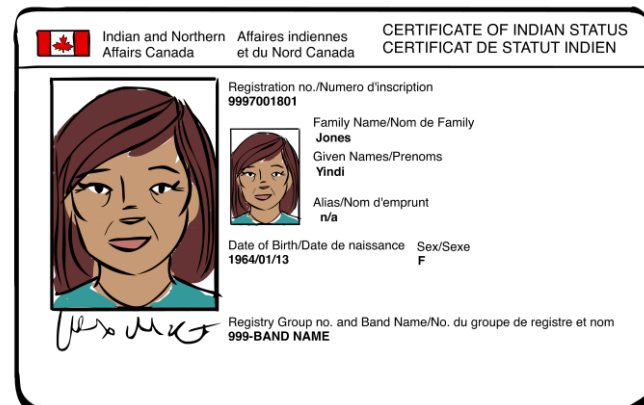
- Medical supplies and equipment benefit list
- Diabetic Equipment
- Wound care
- Limb and body orthotics
- Pressure garments
- Prosthetics
- Audiology
- Supplementary drug benefits for all FNHA clients
- Drug claiming processes for clients not yet enrolled in Plan W





Set-up PBC Billing for FNHA Clients

- Do not delete First Nations Status Numbers from patient profiles
- **FNHA PBC Group ID:** 40000
- **FNHA Client ID:** clients' 10-digit status number
- **New clients** – accept either 1 primary ID or 2 secondary ID to verify status number
- **No status number/incorrect Status?**
Email FNHA at HealthBenefits@fnha.ca or call 1-855-550-5454



Can show PBC card OR
status card for benefits



First Nations Health Authority
Health through wellness

MEDICAL SUPPLIES & EQUIPMENT



New MS&E Plan

- Starting September 16, claims submitted to NIHB will be rejected as a non-eligible benefit.
- Fewer PINs and pre-determinations
- Reference retired PINs to current PINs in FNHA fee supplement
- Similar and simpler coverage:
 - Retail pricing for most items (or unit price)
 - Use Drug Cost/Product Value and Cost Upcharge fields for electronic MS&E item claims
 - Electronic claims with values in the Professional Fee, Compounding Change or Special Service Fee(s) will be rejected
 - PBC can return up to 5 CPhA response codes, plus 3 short PBC text messages to explain claim payment/reason for refusal



New Plan Example

- Wound care changes:
 - Supplies are now listed in one of two groups:
 - Group 1
 - Clients can accumulate up to \$30/year
 - Clients do not need to submit a prescription or PA
 - Group 2
 - Clients can receive up to 20 items or an accumulate total of \$200 every 6 months
 - \$200 includes claims for Group 1 supplies
 - Requires a prescription from a physician/NP
 - Providers do not need to submit prescription to PBC (retain on file)
 - If client requires more than limits set for Group 1 and Group 2, need to complete a [**Wound Care Assessment Form**](#)/Care Plan and submit to PBC for review



New Plan Example

- Diabetic equipment changes for clients not yet enrolled in Plan W:
 - Supplies like blood glucose test strips can be submitted electronically to PBC using the BC PharmaCare PINs and limits
 - See PBC [Pharmacy Reference Guide](#) section 9 (MS&E)

Description	Group ID 40000	All other PBC Plans
Blood Glucose Test Strips	Submit using PHC** PIN	Submit using PHC PIN
Blood Ketone Strips	Submit using PIN 11120002	Submit using PIN 11120002
Insulin Pump Supplies*	Submit using PHC PIN	Submit using PHC PIN
Ketostix	Submit using PIN 11120003	Submit using PIN 11120003
Lancets	Submit using PIN 11120004	Submit using PIN 11120004
Needles and syringes for insulin use	Submit using PIN 00999725	Submit using PIN 00999725
Needles and syringes for non-diabetic use	Submit using PIN 11200016	Not a benefit
Ostomy Supplies	Submit using PHC PIN	Requires manual submission
Spacer Device	Submit using PHC PIN	Requires manual submission

*Please refer to [insulin pump supplies](#) section for further details on submitting the correct quantity for these items.

** PHC refers to BC PharmaCare PIN



Pharmacy Practice Management Software

- Pharmacies will be required to update FNHA Client information in their software systems to show Pacific Blue Cross as the Carrier (Carrier ID: E1).
- Pharmacies must submit claims to Pacific Blue Cross using Pharmacare and/or Pacific Blue Cross DINs/PINs for claims submission.
 - See the [FNHA fee supplement](#) for a complete list of MS&E PINs
 - PBC will only be accepting claims electronically for MS&E PINs for the FNHA Policy 40000.



Pharmacy Practice Management Software

PLEASE NOTE:

- Pharmacies will still need to have access to the NIHB/Express Scripts plan in their systems if the Pharmacy is supporting a non-FNHA Client with access to NIHB benefits.
- Where a FNHA client is the secondary plan to a private carrier, the Pharmacy will need to submit the sum of all amounts paid by all previous plans in the Previous Paid Field.
- If you are experiencing Technical Difficulties:
 - Contact your software vendor if you receive centralized updates or,
 - Manually configure your software as per your usual business practice.



Pre-determinations (PD) Process

- See FNHA fee supplement to see if there is claiming criteria requiring a PD
 - PBC will have **2 years of client history** on file
- **Download [Provider Health Claim Form](#)** from PBC website:
 1. Select “pre-determination”
 2. Fill in sections 1-3 of the Claim Form (signatures not required)
 3. Enclose copies of all supporting medical documentation
 4. Submit by mail/fax 604-677-0277
- If additional documentation is required, PBC will reject the PD and provide the reasons. Submit additional documentation:
 - As a new PD; or
 - With the missing information and reference the rejected PD ID # and/or attach a copy of the Explanation of Benefits (EOB) statement
- An approved PD enables electronic claim submission



Pre-determinations (PD) Issues

- Ineligible benefit:
 - Claim response code C1 'DIN/PIN/GP #/SSC' not a benefit
 - Item is either not eligible to be submitted electronically or is not covered
 - Consult FNHA fee supplement to confirm if a PIN is eligible and any associated PD requirements/criteria
- Manual Submission:
 - Claim response code A6 'submit manual claim'
 - Refer to previous slide for *Provider Health Claim Form* steps
 - Refer to PBC Pharmacy Provider Guide section "FNHA claiming procedures" on how to submit on behalf of FNHA clients



Case Study 1

Lana and Sam were doing home renovations. An accident happened and Sam suffered second degree burns at home. He requires wound care supplies including gauze, tape, and silver alginate dressings.

Questions:

- What coverage is Sam eligible for on and after Sept 16, 2019?
- Does Sam need to submit a prescription or require a prior authorization to access these benefits?
- What steps would you need to take if Sam requires additional wound care beyond the limit?



First Nations Health Authority
Health through wellness

SUPPLEMENTARY DRUG BENEFITS



New Plan for Supplementary Drug Benefits

- PBC will adjudicate supplementary drugs benefits for **ALL** FNHA clients
 - Formerly known as the FNHA-NIHB Residual Formulary
- Submitting claims using CPhA claims standards:
 - Drug mark-ups = Cost Upcharge field (D.67.03)
 - Dispensing fees= Professional Fee field (D.68.03)



Pharmacy Reference Guide & Fee Supplement

- [Pharmacy Reference Guide](#)
- [FNHA Fee Supplement](#)

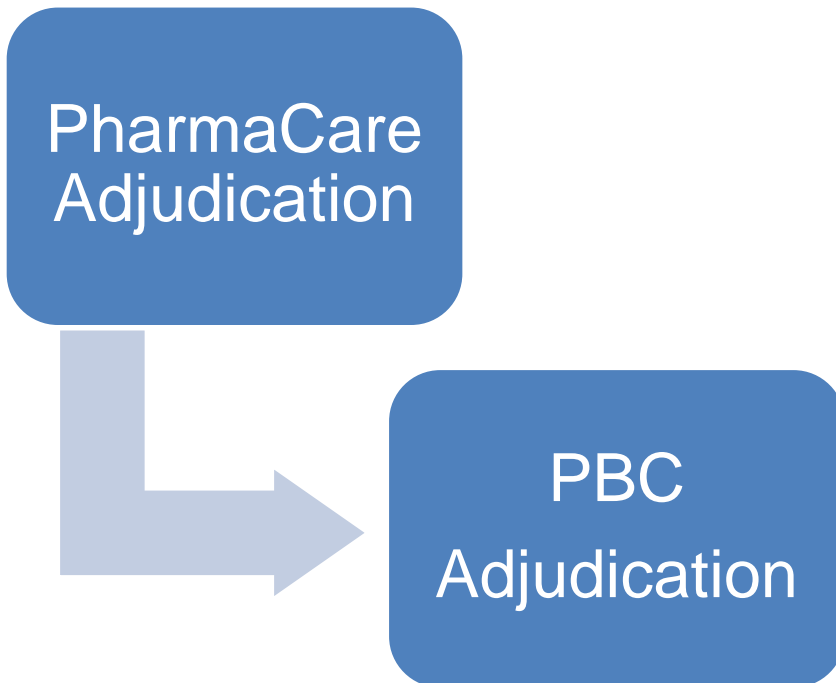
PACIFIC BLUE CROSS MEMBERS PLAN SPONSORS **PROVIDERS** ADVISORS GET A QUOTE SIGN-IN MENU

Pharmacy Providers

- ▶ Account Management
- ▶ First Nations Health Authority
- ▼ Reference Guides
 - [Pharmacy Reference Guide](#)
 - ▼ Fee Supplements
 - [FNHA - Pharmacy Supplement \(effective date Sep 16, 2019\)](#)
- ▶ Forms
- ▶ Additional Resources



Processing Drug Claims



- Medical supplies and equipment
- Supplementary formulary for **ALL** FNHA clients
- Drugs for FNHA clients not yet enrolled in Plan W

NOTE:

- Any active PharmaCare SA is applied to the claim during adjudication
- Use appropriate Non-Benefit PINs for PharmaCare adjudication



Continuity of Therapy Through Transition to PBC

Limited Coverage Drugs (LCD) require PharmaCare Special Authorities for coverage in PBC

SA Request May Be Required	Active Ingredient
1 month	Ciclopirox Olamine, Ciprofloxacin (OP), Ofloxacin, Vancomycin, Linezolid
3 months	Apixaban, Aprepitant, Enoxaparin, Terbinafine, Voriconazole
6 months	Acamprosate, Adalimumab, Certolizumab, Dalteparin, Donepezil, Etanercept, Evolocumab, Fentanyl, Filgrastim, Fluconazole, Glycopyrronium, Glatiramer, Golimumab, Goserelin, Hydromorphone, Infliximab, Naltrexone, Nintedanib, Obeticholic, Onabotulinumtoxin, Ondansetron, Rivaroxaban, Rivastigmine, Ticagrelor, Tiotropium, Tocilizumab
1 year	Clopidogrel
19th birthday, or 6 months for 19+	Atomoxetine, Lisdexamfetamine, Methylphenidate, Mixed Salts Amphetamine
Case-by-case	Hep C treatments, others



Continuity of Therapy Through Transition to PBC

Drugs granted exceptional coverage in PBC for continuity of therapy

SA Request May Be Required	Active Ingredient
1 month	Levofloxacin
19th birthday, or 6 months for 19+	Atomoxetine, Guanfacine, Methylphenidate
6 months	Ceftriaxone, Midazolam, Montelukast, Morphine, Sitagliptin, Sitagliptin-Metformin,
Case-by-case	Anastrozole, Abacavir Sulfate-Lamivudine, Cobicis-Elviteg-Emtric-Tenofo, Cabergoline, Cobicistat-Darunavir, Darunavir, Efavirenz-Emtricitabine-Tdf, Efavirenz-Emtricitab-Tenofovir, Emtricitabine-Rilpivirine-Teno, Emtricitabine-Tenofovir, Raltegravir, Ritonavir, Ulipristal Acetate, others



Continuity of Therapy Through Transition to PBC (Cont'd)

The drug benefit program mirrors PharmaCare drug listings

- For FNHA clients not yet enrolled in Plan W, several drug therapies may require a change to the benefit DIN/PINs for continuity of therapy

Examples

Acetaminophen, Acetylsalicylic Acid, Alprazolam, Amphetamine-Dextroamphetamine, Ascorbic Acid, Azathioprine, Blood Glucose Test Strip, Candesartan, Clonazepam, Clarithromycin, Fluoxetine, Fusidic Acid, Fusidic Acid-hydrocortisone, Gabapentin, Hydrocortisone Acetate, Intrauterine Device, Isopropyl Alcohol, Lancet, Levonorgestrel, Methadone HCL, Methadone Powder, Metronidazole, Needle, Nystatin, Phenytoin, Prenatal Multivitamin, Quetiapine, Risperidone, Sodium Chloride, Spacer Device, Urine Test Strip



Processing Drug Claims

- If unable to adjudicate through Pharmacare first:
 - Contact FNHA and support client enrollment into Plan W using the [**Transitional Coverage Request form**](#) and [**FNHA MSP Application form**](#)
 - Send claims to PBC with “DA” intervention code for:
 - Medical supplies and equipment
 - Supplementary formulary for ALL FNHA clients
 - Drugs for FNHA clients not yet enrolled in Plan W
 - Confirm valid SA for Limited Coverage Drugs by calling HIBC or by obtaining a copy of SA approval from the prescriber and use “DV” intervention code



Case Study 2

Daniel's drug and MS&E claims have been paid by the NIHB program previously. He has been prescribed Vyvanse (lisdexamfetamine) and he is not yet enrolled in FNHA's Plan W. He would like to start on his new drug therapy as soon as possible.

Questions:

- What therapeutic options are available? Which are going to meet Daniel's needs?
- What steps can you take to support a FNHA client to enroll in Plan W?
- What are the steps required to obtain a covered treatment option for this client?




Non-prescription Drugs Initiated by Pharmacist to PBC

- There are claims for eligible non-prescription benefits where claims will be allowed when recommended and initiated by pharmacists
- No payment of clinical services fees for prescribing non-prescription drugs
- Non-prescription benefits include:
 - Diabetic supplies
 - Blood glucose test strips
 - Epi-Pens
- Documentation:
 - Date
 - Name, address, and DOB of patient
 - Name, strength, and quantity of drug
 - Directions for use
 - Pharmacist's name, signature, and license #



Supporting First Nations Through The Change

- If there is a coverage issue resulting from the transition and claim is rejected for an eligible benefit, submit a **Transitional Coverage Request Form** to FNHA for reimbursement

 **Fax Cover Sheet**
Transitional Payment Request Form
Effective September 16, 2019 to March 31, 2020

Date:		# of Pages: (including cover sheet)	
To:	Health Benefits Services Team Lead	Fax #:	1-888-299-9222
Organization:	First Nations Health Authority (FNHA)	Phone #:	1-855-550-5454
Pharmacist Name: <i>Please print</i>		Fax #:	
Pharmacist Signature:		Phone #:	

Status #:

Comments: *(please include reason for use of a payment request)*

Please include a copy of the Official Prescription Receipt.

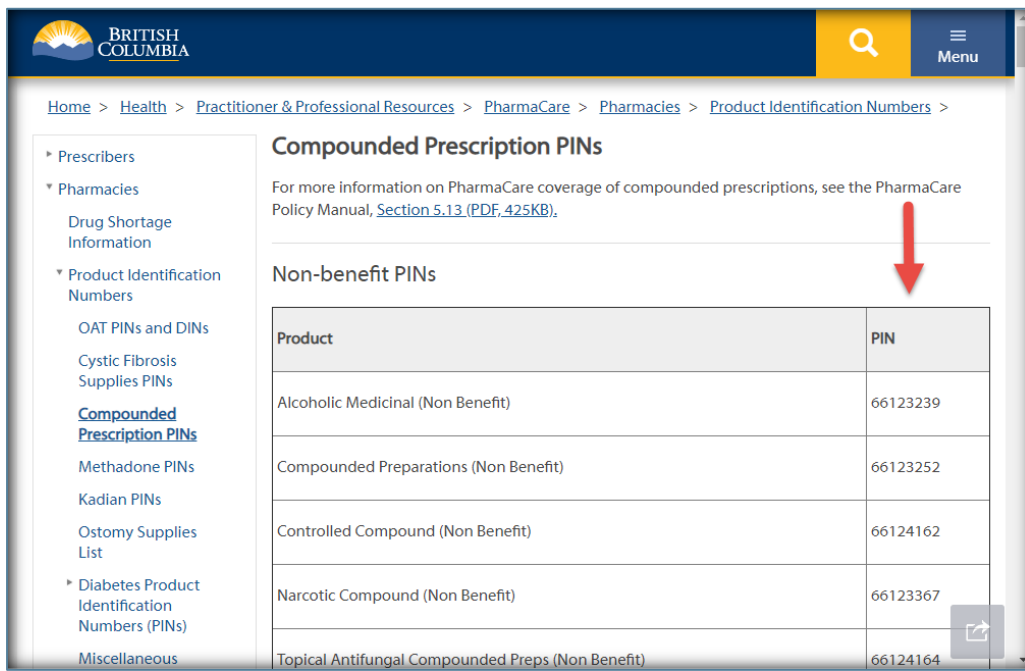


Blood Glucose Test Strips

- If a FNHA client does not have a Diabetic Education Certificate in place for BGTS coverage, please contact First Nations Health Benefits to enable coverage. Clients may choose to attend a Diabetes Education Centre (DEC); however it is not mandatory for BGTS coverage in Plan W. FNHA recognizes the diabetic education provided in non-institutional settings, such as through First Nations Health Service Organizations.
- Diabetic educators, pharmacists, nurses and other healthcare workers can contact FNHA at 1-855-550-5454 to enable BGTS coverage for FNHA clients.

Compounds

Claims for extemporaneous compounds for First Nations clients not enrolled in PharmaCare will need to use the relevant BC PharmaCare compound PIN



BRITISH COLUMBIA

Home > Health > Practitioner & Professional Resources > PharmaCare > Pharmacies > Product Identification Numbers >

Prescribers

Pharmacies

Drug Shortage Information

Product Identification Numbers

OAT PINs and DINs

Cystic Fibrosis Supplies PINs

Compounded Prescription PINs

Metadone PINs

Kadian PINs

Ostomy Supplies List

Diabetes Product Identification Numbers (PINs)

Miscellaneous

Compounded Prescription PINs

For more information on PharmaCare coverage of compounded prescriptions, see the PharmaCare Policy Manual, [Section 5.13 \(PDF, 425KB\)](#).

Non-benefit PINs

Product	PIN
Alcoholic Medicinal (Non Benefit)	66123239
Compounded Preparations (Non Benefit)	66123252
Controlled Compound (Non Benefit)	66124162
Narcotic Compound (Non Benefit)	66123367
Topical Antifungal Compounded Preps (Non Benefit)	66124164



Correct Quantities for PharmaCare Claims

General items	Enter quantity using this unit of measure
Creams or ointments	Weight in grams
Inhalers	Number of doses or volume in millilitres (see inhaled medications list on PharmaCare website)
Liquid (oral)	Volume in millilitres
Liquid (injectable)	Volume in millilitres or number of vials (see injectables list on PharmaCare website)
Nebulizers	Volume in millilitres
Patches	Number of patches
Powders for injection	Grams or number of vials (see injectables list on PharmaCare website)
Pre-loaded syringes	Number of syringes
Sprays	If product package indicates number of doses, enter the number of doses. Otherwise, use volume in millilitres
Suppositories	Number of suppositories
Table/capsules/caplets	Number of tablets or capsules or caplets



Provider Resources

Visit pac.bluecross.ca/provider for resources:

- [Pharmacy Reference Guide](#)
- [FNHA Fee Supplement](#)
- [Provider Health Claim Form](#)
- [Wound Care Assessment Form](#)
- [Transition FAQ](#)

Visit fnha.ca for resources:

- [Transitional Coverage Request Form](#)
- [FNHA MSP Application Form](#)

View provider services alerts and outage schedule ▶

PACIFIC BLUE CROSS

GET A QUOTE SIGN-IN MENU

FNHA Benefits Transition: FAQ for Pharmacy and Pharmacy/Medical Supplies & Equipment Providers

As of September 16, 2019, Pacific Blue Cross will become the new third-party administrator of the

PACIFIC BLUE CROSS

PHARMACY REFERENCE GUIDE

July 2019

PACIFIC BLUE CROSS

PHARMACY FEE SUPPLEMENT

September 2019



Cultural Safety and Humility Resources

- **Cultural safety and humility resources:**
 - FNHA website: <http://www.fnha.ca/wellness/cultural-humility>
 - First Nations' perspective on wellness:
<http://www.fnha.ca/wellness/wellness-and-the-first-nations-health-authority/first-nations-perspective-on-wellness>
 - College of Pharmacists of BC ReadLink series:
<https://www.bcpharmacists.org/readlinks-tags/cultural-safety-and-humility>
- **Online learning modules:**
 - San'yas indigenous cultural safety training:
<http://www.sanyas.ca/>
 - BC Patient Safety & Quality Council 12 part webinar series:
<http://www.fnha.ca/wellness/cultural-humility/webinars>



Summary



Streamlined MS&E benefits experience starting September 16, 2019. Update PINs for electronic claims submissions.



PBC will adjudicate FNHA supplementary drug formulary and drugs for clients not yet enrolled in Plan W.



Help enroll clients not in Plan W by submitting the Transitional Coverage Form and MSP Form.



Questions?





Engage Us

First Nations Health Authority

1-855-550-5454

HealthBenefits@fnha.ca

Pacific Blue Cross

1-877-PAC-BLUE

BC Pharmacy Association

1-800-663-2840

info@bcpharmacy.ca

